Statement of Organization - Candidate Committee

	reate a new or update an existing candidate accompanied by forms CRO-3100 and CF				
1. Committee Inf					
a. Full Name			,	c. ID Number	
Commit	tee to Elect A	llan Pola	k		
b. Mailing Address (i	nclude City, State and Zip Code)			d. Date Organized	
1613 Vall Durham, IV	ley Run			7/14/69	
Durham, IV	(27707			e. Phone Number	
,				919-593-2202	
2. Candidate Info	ormation	Candidate's P	rimary Commi	A STATE OF THE PARTY OF THE PAR	
a. Full Name		c. Candidate ID Nun		d. Party Affiliation	
ALLAN	POLAK			NP	
b. Mailing Address (i	b. Mailing Address (include City, State, and Zip Code)				f. Jurisdiction
1613 Vall Durhum, N	y Run VC 27707	City Conneil Ward 3			
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Info	rmation	4. Custodian of Books Information			
n. Full Name	D	a. Full Name			
ALLAN	POLAK				
1 4	nclude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
1613 Valle Durhum, N	y Rm C 27707				
c. Phone Number	d. Emuil Address	c. Phone Number	d. Email Add	ress	
919-593-220	allun-polakeyahor.com				
	surer Information Add	6. Account Infor	mation (in	L CR(1-3500)	Add
a. Full Name	Remove	n. Financial Institution Full Name Remove			
h, Mailing Address (i	nclude City, State, and Zip Code)	b. Purpose			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
CERTIFICATIO	N .				
	Committee or Fund is in compliance with he NC General Statutes and that no funds a				
	at this report is complete, true and correct.	are commingied wit	n promoted o	omer non-c	III TOUR THINGS
Alla	Polak Ma	1/1/-		7/1	4/09
Prin	nted Name of Signer Si	gnature of Appointed To	reasurer	- 3 <u>- 1/ 1</u>	Date

Amendment

☐ Yes



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	A	
Candidate Name:	ALLAN POLAK	
Treasurer Name:	ALLAN POLAK	
Treasurer Address:	1613 Valley Run	
(include city, state, & zip)	Durham, NC 27701	
Treasurer Phone:	919-593-2202	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7 - / 4 - 0 9

Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina State Board of Elections

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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY: Committee Name: Treasurer Name: Treasurer Address: (include city, state, & zip)	Committee to Elect Allan Polak Allan Polak 1613 Valley Run Durham, IVC 27707
Treasurer Phone:	919-593-2202
election cycle under the pro until the end of the election expenditures during this ele of elections and file require	mittee intends to neither receive nor expend more than \$3,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$3,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
file the next scheduled repo	y Certification to remain under the \$3000 threshold. I will now be required to out for all contributions and expenditures that have not been previously reported urrent election cycle. I further agree to file all future reports required.
7 - 14- 09 Date Signed	Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

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CRO-3900

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June 2007

Candidate Designation of Committee Funds				
This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a). Candidate Name: Committee Name: Committee Name: ALLAN POLAK If Candidate is own treasurer, designate an agent to carry out designations: Alicia Polak Committee ID #: Level Registered: [State] [County] If county, specify:				
I, Allan Islan Island, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).				
Name of Entity (Select from \$163-278.16B(a)) 1. (Inb Nova-103 W. Main 5+, 2. #D, (arrboro, NC) 3				
By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records. Signature of Candidate: Date: Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.				

Candidate Designation of Committee Funds